Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10667/08

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TC	TAL CLAIMS		-	3-2			ſ	RATE	FEE	[RATE	FEE	
FO	R		NUMBER F	ILED	NUMBI	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00	
то	TAL CHARGEA	BLE CLAIMS	36 min	us 20=	* 18			X\$ 9=	162	OR	X\$18=		
	EPENDENT CL			nus 3 =	* 2	2		X42=	24	OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+140=		OFI	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2		TOTAL	421	OR	TOTAL		
	CI	LAIMS AS A	AMENDED - PART II								OTHER THAN		
		(Column 1)		(Colur		(Column 3)	-	SMALL		OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	Ī	X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	T CLAIM			+140=		OR	+280=		
		ŧ	TOTAL		OR	TOTAL							
							,	ADDIT. FEE		lou	ADDIT. FEE		
_	1	(Column 1) CLAIMS	1	(Colu	mn 2) HEST	(Column 3)	•			٠ .		r	
ENT B		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X42=		OR	X84=		
尸	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	I CLAIM			+140=		OR	+280=		
										1	TOTAL		
								TOTAL ADDIT. FEE	L	OR	ADDIT. FEE		
		(Column 1)	-		mn 2)	(Column 3)	_ ا			_			
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER NOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	= 0	=		X42=		OR	X84=		
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	II CLAIN			+140=		OR	+280=		
	If the entry in colu							TOTAL		4	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

for

PTO DEPOSIT ACCOUNT CHARGE

Express Mail No.:

EV 272909096 US

Date Deposited: 09/19/2003

Approved for use through 10/31/2002. OMB 0651-0032

DUNLAP COUNTY & RIGERS PC

I	PATENT A	PPLICATION	N FEE DE	TERMINATI	NLAP CODEINE		Appli		Docke	Number	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN SMALL ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA		ТЕ	FEE		RATE	FEE
	SIC FEE CFR 1.16(a))				2 11		9	375	OR	*	\$_0
TOTA	AL CLAIMS OFR 1.16(c))	38	minus	3 20 = * 18	18 0		=	162	OR	x <u>\$ 18</u> =	0
	EPENDENT CLA EFR 1.16(b))	IMS 5	minı	ns 3 = * 2	0	x 42	_= {	34	OR	x <u>84</u> =	0
MULTIPLE DEPENDENT CLAIM PRESENT				VT (37 CFR 1.16(d)) 0			+ 140 = 0			+ 280 =	0
* If the difference in column 1 is less then zero, enter "0" in column 2						TOTAL 621			OR	TOTAL	0
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY				OTHER TI	
ENT A		CLAIMS REMAINING AFTER AMENDMENT	***	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDI- TIONAI FEE				RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	*	Minus	** 20	= 0	x \$_9	_= ()	OR OR	x \$ <u>18</u> =	0
ME	Independent (37 CFR 1.16(b))	*	Minus	*** 3	= 0	x 42	_= 0		OR	x <u>84</u> =	0
Y	FIRST PRESENTATION OF MULTIP			TIPLE DEPENDENT CLAIM (37 CFR 1.16(d)))_= ()	OR	+ <u>280</u> =	0
(Column 1) (Column 2) (Column 3)							TAL ()	OR _A	TOTAL DDIT. FEE	0
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
IDM	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ <u>_</u> 9		0	OR	x \$ <u>18</u> =	0
MEN	Independent (37 CFR 1.16(b))	*	Minus	***	=	x <u>42</u>	_=	0	OR OR	x <u>84</u> =	0
V		ENTATION OF M	MULTIPLE DEPENDENT CLAIM (37)		(37 CFR 1.16(d))	CFR 1.16(d)) + 140		0	OR	+ _280 =	0
(Column 1) (Column 2) (Column 3)							TAL ()	OR	TOTAL ADDIT. FEE	0
ENT C		CLAIMS REMAINING AFTER AMENDMENT	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R.A	TE ,	ADDI- FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$_5	_=	0	OR OR	x \$ <u>18</u> =	0
ME	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _42	2_=	0	OR	x <u>84</u> =	0
V	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						40	0	OR	+ 280 =	0
** [f the "Highest Nu	mber Previously Pa	id For" IN TH	nn 2, write "0" in col IS SPACE is less thar S SPACE is less than	1 20, enter "20".	ADDI		0		TOTAL ADDIT. FEE	0

SEND TO:

Mail Stop Patent Application Commissioner For Patents, PO Box 1450 Alexandria, VA 22313-1450